



MEDICAL FORM – 2012 Season

Note: Each driver must complete and submit a separate registration form and medical form. Incomplete entries will be returned.

Driver Information

Last Name: _____ First Name _____
Birthdate (mm/dd/yyyy): _____

Contact Lenses: Yes No

Blood Type: _____

Date of Last Tetanus Shot (mm/dd/yyyy): _____

Allergies (if yes, please list): Yes No

List Allergies: _____

List Current Medications: _____

List Current Medical Conditions: _____

Has your medical condition changed since your last physical? (if yes, please describe): Yes No

List Medical Changes: _____

Your Physician's Name: _____ Telephone Number: _____

Emergency Contact Information

In Case of Emergency Notify: _____

Relationship to Driver: _____

Home Number: _____

Cell Number: _____

A Competent Motorsport LLC /Pirelli GT3 Cup Trophy USA West Medical Form must be submitted with registration form and entry fees. A medical form is required and you will not be permitted to race without one on file with Competent Motorsport LLC / Pirelli GT3 Cup Trophy USA West.

Signature: _____

Date (mm/dd/yyyy): _____